

07-10-00

07/07/00



Certificate of Mailing

Date of Deposit July 7, 2000

Label Number: EL623626341US

I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.

Elvis De La Cruz

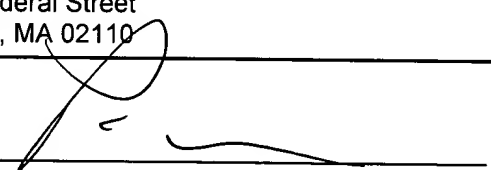
Printed name of person mailing correspondence

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	50164/002002
Applicant	Brent R. Stockwell et al.
Title	METHODS FOR IDENTIFYING COMBINATIONS OF ENTITIES AS THERAPEUTICS
PRIORITY INFORMATION:	
none	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	37 pages
Claims	10 pages
Abstract	1 pages
Drawing	4 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and such small entity status is still proper and desired.	1 page
Preliminary Amendment	0 pages

09511835-020200

IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$345	\$345.00
Excess Claims Fee: $63 - 20 = 43 \times \$9$	\$387.00
Excess Independent Claims Fee: $5 - 3 = 2 \times \$39$	\$78.00
Multiple Dependent Claims Fee: \$130	\$0.00
Total Fees:	\$810.00
<input checked="" type="checkbox"/> Enclosed is a check for \$810.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
Signature 	Date <u>July 7, 2000</u>